

Case Number:	CM14-0009700		
Date Assigned:	02/21/2014	Date of Injury:	03/22/2001
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 59-year-old female who sustained an injury to the right shoulder on 03/22/01. The clinical records provided for review document that the claimant has been certified for a right shoulder diagnostic arthroscopy, subacromial decompression, and labral repair. It is documented that shoulder imaging in this case identifies a small full thickness tear to the supraspinatus tendon with retraction. This review is for perioperative requests consisting of the postoperative use of a pain pump, preoperative assessment, medical clearance, testing, the postoperative use of shoulder abduction pillow and postoperative use of a QTECH recovery cold therapy system for an indefinite period of time.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Q-TECH RECOVERY SYSTEM COLD THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 9 SHOULDER, 201-205

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the request for a QTECH cold therapy system would not be indicated. No time from for use of the above-mentioned device was given. While the ACOEM Guidelines recommend the role of topical use of cold in the acute setting, the Official Disability Guidelines only recommends the use of cryotherapy for no more than seven days in the postsurgical setting. The request in this case with no definitive time frame would fail to be supported by the guideline criteria.

1 SHOULDER SLING/SHOULDER ABDUCTION PILLOW: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 9 (SHOULDER COMPLAINTS) (2004), 205

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 9 SHOULDER, 213

Decision rationale: California ACOEM Guidelines supported by the Official Disability Guidelines recommend the use of a shoulder abduction pillow. This individual has imaging evidence of rotator cuff tear with retraction. The use of an abduction pillow is supported in the setting of rotator cuff tearing. The specific request would be medically necessary.

1 PAIN PUMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment In Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure - Postoperative Pain Pump

Decision rationale: The CA MTUS and ACOEM Guidelines do not address pain pump. When looking at the Official Disability Guidelines, the use of a pain pump in the perioperative setting would not be indicated. The Official Disability Guidelines do not recommend the use of pain pumps following shoulder procedures. There is no documentation in the records provided for review to indicate that this claimant would be an exception to the above guideline. This specific request given the nature of the claimant's shoulder surgical process would not be supported.

1 MEDICAL CLEARANCE CONSISTING OF LABS (CBC WITH DIFFERENTIAL, PT/PTT, INR, UA COMPLETE, BMP, HFP, EKG, AND CHEST X-RAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Center For Acute Care.

Preoperative Tests: The Use Of Routine Preoperative Tests For Elective Surgery: Evidence, Methods & Guidance. London (UK): National Institute For Clinical Excellence (NICE); 2003 Jun. 108 P

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: The California ACOEM Guidelines do not support the role of preoperative medical clearance including laboratory testing, chest x-rays, EKG, and urinalysis. This is an otherwise healthy individual with no indication of underlying comorbidities. There would presently be no indication for the preoperative assessment being requested.